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10/749,102	12/30/2003	Thomas L. C. Simpson	5909A (112713-1157)	3166
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BAXTER HEALTHCARE CORPORATION			EXAMINER	
1 BAXTER PARKWAY			RAPILLO, KRISTINE K	
DF2-2E			ART UNIT	PAPER NUMBER
DEERFIELD, IL 60015			3626	
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		12/12/2008	PAPER	

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

<b>Office Action Summary</b>	<b>Application No.</b> 10/749,102	<b>Applicant(s)</b> SIMPSON ET AL.
	<b>Examiner</b> KRISTINE K. RAPILLO	<b>Art Unit</b> 3626

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --  
**Period for Reply**

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED. (35 U.S.C. § 133).

Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

#### Status

1) Responsive to communication(s) filed on 04 August 2008.

2a) This action is FINAL.      2b) This action is non-final.

3) Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

#### Disposition of Claims

4) Claim(s) 1-58 is/are pending in the application.

4a) Of the above claim(s) 15 and 16 is/are withdrawn from consideration.

5) Claim(s) \_\_\_\_\_ is/are allowed.

6) Claim(s) 1-58 is/are rejected.

7) Claim(s) \_\_\_\_\_ is/are objected to.

8) Claim(s) \_\_\_\_\_ are subject to restriction and/or election requirement.

#### Application Papers

9) The specification is objected to by the Examiner.

10) The drawing(s) filed on 8/4/2008 is/are: a) accepted or b) objected to by the Examiner.  
 Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).  
 Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11) The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

#### Priority under 35 U.S.C. § 119

12) Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

a) All    b) Some \* c) None of:  
 1. Certified copies of the priority documents have been received.  
 2. Certified copies of the priority documents have been received in Application No. \_\_\_\_\_.  
 3. Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

\* See the attached detailed Office action for a list of the certified copies not received.

#### Attachment(s)

1) Notice of References Cited (PTO-892)  
 2) Notice of Draftsperson's Patent Drawing Review (PTO-948)  
 3) Information Disclosure Statement(s) (PTO-166a)  
 Paper No(s)/Mail Date 8/6/2004; 9/19/2005; 6/23/2006

4) Interview Summary (PTO-413)  
 Paper No(s)/Mail Date. \_\_\_\_\_

5) Notice of Informal Patent Application  
 6) Other: \_\_\_\_\_

**DETAILED ACTION**

***Notice to Applicant***

1. This communication is in response to the amendment filed August 4, 2008. Claims 1, 7 – 10, 13, 20, 26, 28, 30 – 31, 37, 39 - 41, 48, and 53 are amended. Claims 15 - 16 are cancelled. Claims 1 - 14 and 17 - 58 are presented for examination.

***Drawings***

2. The drawings are objected to as failing to comply with 37 CFR 1.84(p)(5) because they do not include the following reference sign(s) mentioned in the description:

- Figure 1: 118c (page 24, line 3) and 119 (page 25, lines 11 - 18).

3. The objections to the drawings, with the exception of the above listed reference characters, are hereby withdrawn based on the amendment submitted August 4, 2008.

***Specification***

4. The objection to the specification is hereby withdrawn based on the amendment submitted August 4, 2008.

***Claim Rejections - 35 USC § 112***

5. The 35 USC 112, second paragraph rejection of claims 1 - 36 are hereby withdrawn based upon the amendment submitted August 4, 2008.

***Claim Rejections - 35 USC § 101***

6. The 35 USC 101 rejection of claims 1 – 36 are hereby withdrawn based upon the amendment submitted August 4, 2008.

***Claim Rejections - 35 USC § 102***

7. The 35 USC 102 (e) rejections of claims 53 - 58 are hereby withdrawn based upon the amendment submitted August 4, 2008.

***Claim Rejections - 35 USC § 103***

1. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

2. Claims 1 – 58 are rejected under 35 U.S.C. 103(a) as being unpatentable over Reuss, herein after Reuss (U.S. Patent Number 6,364,834) in view of Dempsey et al. (U.S. Patent Number 6,057,758), hereinafter Dempsey.

In regard to claim 1 (Currently Amended), Reuss teaches a method for executing at least one of an alarm or an alert escalation process within a healthcare system comprising the steps of:

- generating a signal that at least one of an alarm or an alert condition exists for a specific patient (column 9, lines 33 – 37);
- transmitting the signal relating to the alarm or alert condition to a first clinician's device (column 16, lines 58 – 61);
- indicating the alarm or alert condition on the clinician's device (column 16, lines 62 – 66); and,
- escalating the signal if a response to the alarm or alert condition is not received prior to a predefined timer limit (column 9, line 62 through column 10, line 5), wherein escalating the signal includes transmitting the signal to a second clinician's device and while maintaining the signal sent to the first clinician's device (column 15, line 66 through column 16, line 14) where Reuss discloses transmitting a message (i.e. alert or alarm) to one or a group of remote access devices.

Ruess fails to teach a method comprising operating a timer.

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Dempsey teaches a method comprising operating a timer (Figure 8 and column 13, lines 14 – 15).

Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to include a method comprising operating a timer as taught by Dempsey into the method taught by Reuss with the motivation of allowing a health care provider a tool to receive prompt medical attention, based on an out of tolerance reading from a medical device, in a timely manner by alerting a health care provider (column 6, lines 49—65).

In regard to claim 2 (Original), Reuss teaches a method of claim 1, wherein the step of transmitting the signal to the first clinician's device comprises sending a wireless signal to the first clinician's device (column 12, lines 13 – 15).

In regard to claim 3 (Original), Reuss teaches a method of claim 1, wherein the step of transmitting the signal to the first clinician's device comprises sending the signal to one of a mobile phone, a pager, an e-mail address, an instant messaging receiver or a conventional telephone (column 15, lines 55 – 60).

In regard to claim 4 (Original), Reuss teaches a method of claim 1, wherein the step of transmitting the signal to the first clinician's device comprises sending the signal simultaneously to one of a mobile phone, a pager, an e-mail address, an instant messaging receiver or a conventional telephone (column 13, line 64 through column 14, line 1 and column 15, lines 55 - 60).

In regard to claim 5 (Original), Reuss teaches a method of claim 1, further comprising the step of transmitting the signal to a charge clinician (Column 5, lines 54 – 64). Reuss teaches a method in which a first signal is sent to a primary health care provider. If no response, a signal is sent to an alternative recipient. Alternative recipients encompass "charge clinicians" as well as other health care providers.

In regard to claim 6 (Original), Reuss teaches a method of claim 1, wherein the signal of the alert or alarm condition transmitted to the clinician's device comprises at least one of a condition description, a

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time, a date, a clinician identification, a patient name, a room identification, a bed identification and a prescription (column 3, lines 40 – 44).

In regard to claim 7 (Currently Amended), Reuss teaches a method of claim 1, wherein the step of escalating the signal comprises providing a visual warning on the first clinician's device (column 8, lines 61 – 62).

In regard to claim 8 (Currently Amended), Reuss teaches a method of claim 7, wherein the visual warning is provided in at least one of a text or symbol warning on the first clinician's device (column 16, lines 62 – 64).

In regard to claim 9 (Currently Amended), Reuss teaches a method of claim 1, wherein the step of indicating the alarm or alert condition comprises providing a visual and audible warning at the first clinician's device (column 8, lines 61 – 62).

In regard to claim 10 (Currently Amended), Reuss teaches a method of claim 9 of providing a visual or audible alarm.

Reuss fails to teach a method further comprising the step of allowing the audible signal on the first clinician's device to be silenced.

Dempsey teaches a method comprising the step of allowing the audible signal to be silenced on the first clinician's device (Figure 8 and column 13, lines 14 – 23).

Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to include the step of allowing the audible signal on the first clinician's device to be silenced as taught by Dempsey with the motivation of allowing a health care provider the means to respond to an alarm (column 7, lines 53 – 62). Dempsey discloses a method in which silencing (or clearing) an alarm sends a response to the central computer and/or patients monitor.

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In regard to claim 11 (Original), Reuss teaches a method of claim 1, wherein the step of indicating the alarm or alert condition comprises providing a vibration notification (column 15, lines 31 – 40).

In regard to claim 12 (Original), Reuss teaches a method of claim 1, further comprising the step of suspending the alarm or an alert escalation process following a response within the timer limit (column 5, lines 3 – 5).

In regard to claim 13 (Currently Amended), Reuss teaches a method of claim 12, wherein the response comprises at least one of responding on the first clinician's device or responding at a medical device exhibiting the alarm or alert condition (column 16, lines 64 – 66). Reuss discloses responding via a remote access device such as a pager (column 16, lines 58 - 60).

In regard to claim 14 (Original), Reuss teaches a method of claim 1, wherein the step of escalating the signal if a response to the indicated condition is not received prior to a predefined timer limit (column 9, line 59 through column 10, line 5).

In regard to claim 17 (Original), Reuss teaches a method of claim 16, wherein the response comprises at least one of responding on either the first or second clinician's device, or responding at a medical device exhibiting the alarm or alert condition (column 16, lines 64 – 66). Reuss discloses responding to an alarm/alert via a pager; the process of responding to an alarm or alert is the same regardless of who is responding (i.e. first or second clinician) - column 16, lines 58 – 60.

In regard to claim 18 (Original), Reuss teaches a method of claim 1, further comprising the step of clearing all notifications when a response is provided at the medical device (column 10, lines 17 – 20).

In regard to claim 19 (Original), Reuss teaches a method of claim 1, further comprising the step of determining if the first clinician's device is active (column 9, line 59 through column 10, line 5). Reuss

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discloses a method of contacting an alternative recipient if a response from a primary recipient is not generated within a predefined time period, therefore, the device of the primary recipient can be deemed inactive.

In regard to claim 20 (Currently Amended), Reuss teaches a method of claim 19, further comprising the step of transmitting the signal to the second clinician's device if the first clinician's device is not active (column 9, line 65 through column 10, line 2). The process of transmitting a signal to a recipient is the same regardless of the recipient. The rationale for the rejection of claim 20 can be found in the rejection of claim 19.

In regard to claim 21 (Original), Reuss teaches a method of claim 19, further comprising the step of transmitting the signal to a charge clinician if the first clinician's device is not active (column 9, line 65 through column 10, line 2). The process of transmitting a signal to a recipient is the same regardless of the recipient. The rationale for the rejection of claim 20 can be found in the rejection of claim 19.

In regard to claim 22 (Original), Reuss teaches a method of claim 1, further comprising the step of determining whether communication to the first clinician's device is lost (column 9, line 65 through column 10, line 2). Lost communication of a primary recipients device would initiate the alarm/alert signal to be transmitted to an alternative recipient as disclosed by Reuss (column 9, line 65 through column 10, line 5).

In regard to claim 23 (Original), Reuss teaches a method of claim 22 further comprising the step of transmitting the signal to a second clinician's device if communication to the first clinician's device is lost (column 9, line 65 through column 10, line 2). Reuss discloses a method of contacting an alternative recipient if a response from a primary recipient is not generated within a predefined time period, therefore, the communication to the device of the primary recipient can be deemed lost. The process of transmitting a signal to a recipient is the same regardless of the recipient.

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In regard to claim 24 (Original), Reuss teaches a method of claim 23. Reuss fails to teach a method further comprising the step of terminating the alarm or alert condition on the clinician's device when the condition is resolved.

Dempsey teaches a method further comprising the step of terminating the alarm or alert condition on the clinician's device when the condition is resolved (Figure 8 and column 13, lines 14 - 24).

The motivation to combine the teachings of Reuss and Dempsey is discussed in the rejection of claim 10 and incorporated herein.

In regard to claim 25 (Original), Reuss teaches a method of claim 1, further comprising the steps of:

- generating another signal relating to the second alarm or alert condition that a second at least one of an alarm or an alert condition exists for the same patient (column 9, lines 33 – 37): Reuss discloses medical devices, such as respiratory rates, which are monitored over time to generate a trend analysis. Thus multiple alarm/alerts for an individual patient may be generated as the method of generating a signal is the same regardless of the number of alarms/alerts generated for an individual patient;
- transmitting the signal to the first clinician's device (column 16, lines 58 – 61);
- indicating the second alarm or alert condition on the clinician's device (column 16, lines 62 – 66);
- escalating the signal relating to the second alarm or alert condition if a response to the second alarm or alert condition is not received prior to a predefined timer limit (column 9, line 62 through column 10, line 5).

Reuss fails to teach a method comprising the steps of operating a timer.

Dempsey teaches a method comprising the steps of operating a timer (Figure 8 and column 13, lines 13 – 14).

The motivation to combine the teachings of Reuss and Dempsey is discussed in the rejection of claim 1 and incorporated herein.

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In regard to claim 26 (Currently Amended), Reuss teaches a method of claim 25, wherein the step of escalating the signal relating to the second alarm or alert condition further comprises the step of transmitting the signal to the second clinician's device (column 12, lines 13 – 15). The process of transmitting a second alarm/alert to a second clinician is the same as the process of a first alarm to a first clinician. The steps to perform the method will not change regardless of the number of alarms generated or the number of providers.

In regard to claim 27 (Original), Reuss teaches a method of claim 1, further comprising the steps of:

- generating another signal that a second at least one of an alarm or an alert condition exists for a different patient (column 16, lines 2 – 15);
- transmitting the signal to the first clinician's device (column 16, lines 58 – 61);
- indicating the second alarm or alert condition on the clinician's device (column 16, lines 62 – 66);
- escalating the signal if a response is not received prior to a predefined timer limit (column 9, line 62 through column 10, line 5).

Reuss fails to teach a method comprising the step of operating a timer.

Dempsey teaches a method comprising the steps of operating a timer (column 13, lines 13 – 14 and Figure 8).

The motivation to combine the teachings of Reuss and Dempsey is discussed in the rejection of claim 1 and incorporated herein.

In regard to claim 28 (Currently Amended), Reuss teaches a method of claim 27, wherein the step of escalating the signal further comprises the step of transmitting the signal to the second clinician's device (column 12, lines 13 – 15).

In regard to claim 29 (Original), Reuss teaches a method of claim 1, wherein the alarm or alert condition signal originates at a medical device (column 7, lines 28 – 31).

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In regard to claim 30 (Currently Amended), Reuss teaches a method of claim 29, further comprising the step of providing a communication lost message on the first clinician's device when communication from the server or medical device is lost (column 9, line 62 through column 10, line 5).

In regard to claim 31 (Currently Amended), Reuss teaches a method of claim 1, wherein the first clinician's device is a personal digital assistant (column 15, lines 55 – 60).

In regard to claim 32 (Original), Reuss teaches a method of claim 2, wherein the wireless signal is a wireless communication link that operates within a radio frequency (column 13, line 59 through column 14, line 1).

In regard to claim 33 (Original), Reuss teaches a method of claim 1.

Reuss fails to teach a method wherein there is a many-to-many relationship between first clinicians and patients.

Dempsey teaches a method wherein there is a many-to-many relationship between first clinicians and patients (column 8, lines 47 – 55).

Therefore, it would have been obvious to a person of ordinary skill in the art at the time the invention was made to include a method wherein there is a many-to-many relationship between first clinicians and patients as taught by Dempsey with the motivation of allowing a physician or other health care provider the means of remotely monitoring the health status of patients in their care (column 4, lines 40 - 54).

In regard to claim 34 (Original), Ruess teaches a method of claim 1, wherein there is a many-to-many relationship between first clinicians and charge clinicians (column 5, lines 59 – 63).

In regard to claim 35 (Original), Reuss teaches a method of claim 12, further comprising the step of recording data concerning the alarm or alert condition (column , lines 15 – 18).

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In regard to claim 36 (Original), Reuss teaches a method of claim 12, wherein the data recorded comprises at least one of information about the alarm or alert, an identification of the clinician responsible for responding to the alarm or alert, and a time of the alarm or alert condition (column 5, lines 49 – 54).

In regard to claim 37 (Currently Amended), Reuss teaches a method for executing at least one of an alarm or an alert escalation process within a healthcare environment comprising the steps of:

- generating a signal that at least one of an alarm or an alert condition exists for a specific patient (column 9, lines 33 – 37);
- transmitting the signal relating to the alarm or alert condition to a first clinician's device (column 16, lines 58 – 61);
- indicating the alarm or alert condition on the clinician's device (column 16, lines 62 – 66);
- transmitting the signal relating to the alarm or alert condition to a second clinician's device (column 9, line 62 through column 10, line 5), and elevating the signal sent to the first clinician's device by use of a feature selected from the group consisting of : (a) a larger font, (b) a flashing display and (c) an enhanced audible alert (column 10, lines 49 – 59) where Reuss describes audio tone generation which is interpreted as a tool to enhance sound.

Reuss fails to teach a method comprising the step of operating a timer.

Dempsey teaches a method comprising the step of operating a timer (Figure 8 and column 13, lines 14 - 15).

The motivation to combine the teachings of Reuss and Dempsey is discussed in the rejection of claim 1 and incorporated herein.

In regard to claim 38 (Original), Reuss teaches a method of claim 37, wherein the clinician's devices are wireless personal digital assistants (column 15, lines 55 – 60).

In regard to claim 39 (Currently Amended), Reuss teaches a method of claim 37, wherein the step of transmitting the signal relating to the alarm or alert condition to the second clinician's device is conducted

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if a response to the

alarm or alert condition is not received prior to a predefined timer limit (column 9, line 65, through column 10, line 5).

In regard to claim 40 (Currently Amended), Reuss teaches a method of claim 37, wherein the step of transmitting the signal relating to the alarm or alert condition to the second clinician's device is conducted if the first clinician's device is not active (column 9, line 65 through column 10, line 2).

In regard to claim 41 (Currently Amended), Reuss teaches a method of claim 37, wherein the step of transmitting the signal relating to the alarm or alert condition to the second clinician's device is conducted if communication to the first clinician's device is lost (column 9, line 65 through column 10, line 2).

In regard to claim 42 (Original), Reuss teaches a method of claim 37, further comprising the step of transmitting the signal to a charge clinician (column 9, line 65 through column 10, line 2).

In regard to claim 43 (Original), Reuss teaches a method of claim 37, further comprising the step of checking preconditions prior to transmitting the signal to the first clinician's device (column 3, lines 35 – 44).

In regard to claim 44 (Original), Reuss teaches a method of claim 43, wherein the step of checking preconditions comprises at least one of the steps of:

- associating the patient with a medical device (column 4, lines 15 – 21);
- associating the patient with a clinician and identifying the clinician as a first clinician (column 4, lines 15 – 21);
- associating the first clinician with a clinician's device (column 5, lines 14 – 17); and,

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- establishing a relationship between the patient, the medical device, the first clinician and the first clinician's device (column 5, lines 25 – 32).

In regard to claim 45 (Original), Reuss teaches a method of claim 37, further comprising the step of providing for a charge clinician to enable the escalation process (column 5, lines 56 – 63).

In regard to claim 46 (Original), Reuss teaches a method of claim 37. Reuss fails to teach a method further comprising the step of providing for a charge clinician to disable the escalation process.

Dempsey teaches a method further comprising the step of providing for a charge clinician to disable the escalation process (column 13, lines 14 – 23).

The motivation to combine the teachings of Reuss and Dempsey is discussed in the rejection of claim 10 and incorporated herein.

In regard to claim 47 (Original), Reuss teaches a method of claim 37, further comprising the step of checking preconditions prior to transmitting the signal to the second clinician's device (column 3, lines 35 – 44).

In regard to claim 48 (Original), Reuss teaches a method of claim 47, wherein the step of checking preconditions comprises the step of determining if a second clinician is assigned (column 5, lines 59 - 63).

In regard to claim 49 (Original), Reuss teaches a method of claim 37. Reuss fails to teach a method further comprising the step of terminating the signal relating to the alarm or alert condition to the clinician's devices after the alarm or alert condition is cleared.

Dempsey teaches a method further comprising the step of terminating the signal relating to the alarm or alert condition to the clinician's devices after the alarm or alert condition is cleared (Figure 8 and column 13, lines 14 – 23).

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The motivation to combine the teachings of Reuss and Dempsey is discussed in the rejection of claim 10 and incorporated herein.

In regard to claim 50 (Original), Reuss teaches a method of claim 37, wherein the step of indicating the alarm or alert condition on the clinician's device comprises providing for setting an audible alarm (column 8, lines 61 – 62).

In regard to claim 51 (Original), Reuss teaches a method of claim 50. Reuss fails to teach a method further comprising the step of silencing the audible alarm when an acknowledgment is received from the clinician's device.

Dempsey teaches a method further comprising the step of silencing the audible alarm when an acknowledgment is received from the clinician's device (column 13, lines 14 – 23) where clearing the alarm can be interpreted as a form of silencing the alarm.

The motivation to combine the teachings of Reuss and Dempsey is discussed in the rejection of claim 10 and incorporated herein.

In regard to claim 52 (Original), Reuss teaches a method of claim 37. Reuss fails to teach a method further comprising the step of terminating the escalation process for the specific alarm or alert condition after the condition is cleared at a medical device exhibiting the alarm or alert condition.

Dempsey teaches a method further comprising the step of terminating the escalation process for the specific alarm or alert condition after the condition is cleared at a medical device exhibiting the alarm or alert condition (column 13, lines 14 – 23).

The motivation to combine the teachings of Reuss and Dempsey is discussed in the rejection of claim 10, and incorporated herein.

In regard to claim 53 (Currently Amended), Reuss teaches a system for escalating an alarm or alert condition, comprising:

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- a medical device having an alarm/alert module that identifies the existence of at least one of an alarm or alert condition (column 15, lines 28 – 40);
- a processor having software that receives a signal from the alarm/alert module relating to the alarm or alert condition, the processor further having a timer module that sets a timer limit (column 15, lines 41 – 47);
- a first clinician's device having a receiver that receives an alarm or alert condition signal from the processor, the first clinician's device further having a display to display text or an icon representative of the alarm/alert condition signal, and a speaker to provide an audible alarm or alert representative of the received alarm/alert condition signal (column 15, lines 31 – 40);
- wherein the processor: (i) escalates the alarm or alert condition signal if no response to the alarm or alert condition signal is received from either an input device at the first clinician's device or an input device at the medical device within the timer limit (column 5, lines 56 – 59), where Reuss discloses a system which contacts a secondary physician or health care provider if the primary physician has not responded to the alarm in a predetermined time and (ii) simultaneously transmits the signal to a second clinician's device (column 15, line 66 through column 16, line 14) where Reuss discloses transmitting a message (i.e. alert or alarm) to one or a group of remote access devices.

Reuss does not explicitly claim the signals are transmitted simultaneously; however, it would be obvious to a person of ordinary skill that the messages (alarms or alerts) are sent simultaneously based upon the message being sent to one or a group of remote access devices.

In regard to claim 54 (Original), Reuss teaches a system of claim 53, wherein the receiver on the first clinician's device is a wireless receiver (column 16, lines 35 – 44).

In regard to claim 55 (Original), Reuss teaches a system of claim 53, wherein the processor has a memory, the memory storing preconditions (column 15, lines 41 – 47).

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In regard to claim 56 (Original), Reuss teaches a system of claim 53, wherein the preconditions comprise at least one of a clinician and a patient association (column 4, lines 15 -21), an association for the patient and a medical device (column 4, lines 15 -21), an association for the clinician and the clinician's device (column 5, lines 14 –17).

In regard to claim 57 (Original), Reuss teaches a system of claim 53, further comprising a transmitter that sends the alarm or alert condition signal from the processor to the receiver of the first clinician's device (column 4, lines 55 – 60).

In regard to claim 58 (Original), Reuss teaches a system of claim 53, wherein the transmitter sends the alarm or alert condition signal to from the processor to a second clinician's device when no response to the alarm or alert condition signal is received from either an input device at the first clinician's device or an input device at the medical device within the timer limit (column 9, line 65 through column 10, line 5).

***Response to Arguments***

3. Applicant's arguments filed August 4, 2008 have been fully considered but they are not persuasive.. Applicant's arguments will be addressed herein below in the order in which they appear in the response filed August 8, 2008.

In response to the Applicant's argument, it is respectfully submitted that the Examiner has applied new passages and new citations to the amended claims. The Examiner notes that the amended limitations were not in the previously pending claims; as such, Applicant's remarks with the regard to the application of Reuss and Dempsey are addressed in the above Office Action.

***Conclusion***

4. Applicant's amendment necessitated the new ground(s) of rejection presented in this Office action. Accordingly, **THIS ACTION IS MADE FINAL**. See MPEP § 706.07(a). Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the date of this final action.

Any inquiry concerning this communication or earlier communications from the examiner should be directed to KRISTINE K. RAPILLO whose telephone number is (571)270-3325. The examiner can normally be reached on Monday to Thursday 6:30 am to 4 pm Eastern Time.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Luke Gilligan can be reached on 571-272-6770. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

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Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

KKR

/Robert Morgan/  
Primary Examiner, Art Unit 3626